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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/019,788	01/04/2002	Gilles Lebouill	11345/042001	7677
22511 OSHA LIANG	7590 05/22/2007 IA LIANG L.L.P.		EXAMINER	
1221 MCKINNEY STREET			TO, BAOTRAN N	
SUITE 2800 HOUSTON, T	X 77010		ART UNIT	PAPER NUMBER
,			2135	
			MAIL DATE	DELIVERY MODE
			05/22/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Interview Summary	10/019,788	LEBOUILL, GILLES
interview duminary	Examiner	Art Unit
26 -	Baotran N. To	2135
All participants (applicant, applicant's representative, PTO	personnel):	
(1) <u>Baotran N. To</u> .	(3)	
(2) Seema Mehta (Applicant's Representative).	(4)	
Date of Interview: <u>18 May 2007</u> .		•
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) applicant's representative	2]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed: <u>1</u> .		
Identification of prior art discussed: White.		
Agreement with respect to the claims f)⊠ was reached. g) was not reached. h) D	I/A.
Substance of Interview including description of the general reached, or any other comments: Examiner and Applicant's White's reference. Applicant argeed to amend the claims to	Representative discussed th	e limitations of Claim 1 with
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w	reed would render the claims yould render the claims
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APPLICANT IS DAYS FROM THIS WHICHEVER IS LATER, TO
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign	ature, if required